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[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

**DECISION**  
Case #: MGE - 176247

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**PRELIMINARY RECITALS**

Pursuant to a petition filed August 17, 2016, under Wis. Stat., §49.45(5), to review a decision by the Marinette County Dept. of Human Services regarding Medical Assistance (MA), a hearing was held on September 7, 2016, by telephone.

The issue for determination is whether petitioner is eligible for MA.

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, WI 53703

By: [REDACTED]  
Marinette County Dept. of Human Services  
1605 University Drive  
Marinette, WI 54143

**ADMINISTRATIVE LAW JUDGE:**

Brian C. Schneider  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Marinette County.
2. Petitioner resides alone. He is disabled and receives \$1,668 monthly social security. From that there is a Medicare deduction so that his net monthly income is \$1,546.
3. Petitioner received Qualified Medicare Beneficiary (QMB) benefits, which pay the Medicare Part B premium, until April 1, 2016.

4. Petitioner does not receive any form of MA.

### **DISCUSSION**

There are three MA programs for which a single person with no minor children under his care can be eligible. One is the BadgerCare Plus (BC+) program. As of April 1, 2014, all childless adults have been eligible for BC+ with an income limit of 100% of the Federal Poverty Level, which, for a one-person household, is \$990. See Wis. Stat., §49.471(4)(a)4.b for the law, and the BC+ Handbook, Appendix 50.1 for the limit. Petitioner's income is above that limit.

Regular MA for elderly, blind, and disabled individuals is another possibility. When such a person's income is over the regular MA limit, an MA deductible, also known as a spend-down, must be met before eligibility begins. Wis. Stat., §49.47(4)(c)2; Wis. Adm. Code, §DHS 103.08(2)(a); MA Handbook, App. 24.2. The current income limit for a one-person household under this program is \$591.67. MA Handbook, App. 39.4.1. The deductible is determined by subtracting the MA limit from the person's net income, and then multiplying the result by six.

An MA deductible is calculated for a six-month period. When that period ends, a new deductible is then established for the next six months. Adm. Code, §DHS 103.08(2)(c); MA Handbook, App. 24.3. To obtain MA during the deductible period, the client must submit to the economic support worker copies of medical bills incurred. MA eligibility begins as of the date that the incurred bills meet the deductible amount.

Under regular MA rules petitioner would have to meet a deductible because his monthly income is well above \$591.67.

The Medicaid Purchase Plan (MAPP) program allows disabled individuals to work but to retain eligibility for MA. Wis. Stat., §49.472; MA Handbook, Appendix 26.1. If net income is below 250% of the federal poverty level, the person is eligible for the program. Wis. Admin. Code, §DHS 103.03(8)(b); Handbook, App. 26.4.2. 250% of the poverty level is \$2,475 for a one-person household. Handbook, App. 39.5. Petitioner's income is well below that level, but to be eligible for MAPP he would have to perform some sort of work activity. He can discuss the program with his county worker.

Finally, petitioner did not appeal the end of his QMB eligibility. He should note that the income limit for any of the Medicare assistance programs is no higher than \$1,336.50, which is the limit for "SLMB+." The QMB limit is \$990. See MA Handbook, App. 39.5. Thus the county correctly ended QMB as well.

### **CONCLUSIONS OF LAW**

Petitioner is ineligible for MA based upon his financial status.

**THEREFORE, it is**

**ORDERED**

That the petition for review is hereby dismissed.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Madison,  
Wisconsin, this 13th day of September, 2016

\s \_\_\_\_\_  
Brian C. Schneider  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on September 13, 2016.

Marinette County Department of Human Services  
Division of Health Care Access and Accountability